IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

ASSADIAN et al

INFORMATION RETRIEVAL Title:

Serial No. 10/573,152 March 23, 2006 Filed:

Atty CC-36-1982 Dkt.

M# C#

TC/A.U. 2129

Examiner: K. Bharadwai

Date: May 27, 2008

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

. Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

□ Correspondence Address Indication Form Attached.

Fees are attached as calculated below:

minus highest number Total effective claims after amendment

x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$ 0.00 previously paid for 20 (at least 20) =

Independent claims after amendment minus highest number

0.00 x \$210.00 \$0.00 (1201)/\$0.00 (2201) \$ previously paid for 5 (at least 3) =

If proper multiple dependent claims now added for first time, (ignore improper); add

\$370.00 (1203)/\$185.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this

paper and attachment(s) One Month Extension \$120.00 (1251)/\$60.00 (2251)

Two Month Extensions \$460.00 (1252)/\$230.00 (2252)

Three Month Extensions \$1050.00 (1253/\$525.00 (2253)

Four Month Extensions \$1640.00 (1254/\$820.00 (2254)

Five Month Extensions \$2,230.00 (1255/\$1115.00 (2255) \$ 1050.00

\$130.00 (1814)/\$65.00 (2814) Terminal disclaimer enclosed, add

Applicant claims "small entity" status. Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) 0.00

0.00 \$40.00 (8021) Assignment Recording Fee

\$ 0.00 Other:

CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000

Facsimile: (703) 816-4100

CC:Imr

NIXON & VANDERHYE P.C.

By Atty: Chris Comuntzis, Reg. No. 31,097

Signature:

05/28/2008 AUONDAF1 00000173 10573152

01 FC:1253

1050.00 OP

TOTAL FEE \$ 1050.00

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Total effective claims after amendment 10 minus highest number (at least 20) = x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$ 0.00 previously paid for 20 Independent claims after amendment 5 minus highest number

\$0.00 (1201)/\$0.00 (2201) \$ 0.00 previously paid for 5 (at least 3) =x \$210.00

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